

# the vaczine

Indiana State Department of Health

September 2009  
Volume 1, Issue 1

## Immunization Program

2 N. Meridian St., 6A  
Indianapolis, IN 46204  
Phone: (800) 701-0704  
[immunize@isdh.in.gov](mailto:immunize@isdh.in.gov)

## Program Staff

**Joan Duwve, MD, MPH**  
*Medical Director*

**Wayne Fischer, MPH**  
*Director*

**Penny Lewis**  
*Deputy Director*

**Alex ThurdeKoos, MPH**  
*Deputy Director*

**Gary Rhyne**  
*CDC Public Health Advisor*

**Cameron Minich**  
*CHIRP Lead  
Analyst/Programmer*

**April Bailey**  
*Education & Training  
Manager*

**Angie Cierzniewski, MPH**  
*Epidemiologist*

Stay current on the latest  
influenza activity in  
Indiana! Read the Indiana  
Weekly Flu Report  
<http://www.in.gov/flu/2398.htm>

## *In This Issue*

Program Announcements.....	1
H1N1 Monovalent Vaccine Update .....	1
Licensure of a Haemophilus influenzae Type b (Hib) Vaccine (Hiberix) and Updated Recommendations for Use of Hib Vaccine .....	2
ISDH Lab Validating New Test for Confirmation of Pertussis .....	3
Frequently Asked Questions Regarding Twinrix™ .....	4
Ask Dr. Duwve! .....	5
List Your Clinic on the <i>Flu Clinic Locator</i> .....	5

## Program Announcements

- Hiberix will be available to order through the VFC program starting on October 12, 2009. To order Hiberix, you will need to write in the brand name Hiberix on either the ActHIB or PedvaxHIB line (whichever is not being ordered) and cross out that name brand.
- Havrix®, in both SDV and syringes, is currently on backorder at McKesson. The supply will remain limited through October and is expected to return to normal in November.
- Certified Calibrated Refrigerator/Freezer Thermometers are still available from ISDH. To request thermometers, please send your information to [immunize@isdh.in.gov](mailto:immunize@isdh.in.gov).
- Beginning on Tuesday, October 13, 2009, Mass Immunization Module (MIM) in CHIRP will only be available to use for H1N1 Campaigns. Seasonal flu and Tdap/MCV campaigns will return as soon as the H1N1 demand has decreased.
- The Local Health Department Guide to Hosting a Mass Vaccination Clinic is now available! Click [here](#) to download a copy!

## H1N1 Monovalent Vaccine Update

Orders for H1N1 nasal mist vaccine begin on September 30, 2009, and order forms have been provided to all local health departments who have submitted a signed provider agreement by Tuesday, September 29. Please make additional copies of this form for future H1N1 vaccine orders. Local Health Departments who have not yet received their order form need to complete the H1N1 Provider Agreement (attached) and return by fax to (317) 233-8827. All other providers who wish to receive H1N1 vaccine need to contact their local health department.

Each county will receive a Weekly Vaccine Allotment notice by email on Friday afternoons following the first notice which was sent on Tuesday, September 29. Only one order may be submitted per week. Only the first order form received will be processed. Orders will be processed in the order they are received. Each local health department is responsible for submitting all order for H1N1 vaccine in their jurisdiction (county/city). All other providers must submit their requests for H1N1 vaccine to the local health department.

## Upcoming Events

**October 7, 2009**

**8:30am - 4:00pm (EST)**

**Immunizations from A to Z PLUS**

Hosted by Marshall County Health Department  
Plymouth, IN

Click [here](#) to download registration form.

**October 16, 2009**

**8:30am - 3:00pm (EST)**

**Immunizations from A to Z PLUS**

Hosted by King's Daughters' Hospital  
Madison, IN 47250

Click [here](#) to download registration form.

**November 30, 2009**

**8:30am - 3:00pm (EST)**

**Immunizations from A to Z PLUS**

Hosted by the Dearborn County Health Department  
Lawrenceburg, IN

Click [here](#) to download registration form.

## Licensure of a Haemophilus influenzae Type b (Hib) Vaccine (Hiberix) and Updated Recommendations for Use of Hib Vaccine

On August 19, 2009, the Food and Drug Administration (FDA) licensed Hiberix (GlaxoSmithKline Biologicals, Rixensart, Belgium), a Haemophilus influenzae type b (Hib) conjugate vaccine composed of H. influenzae type b capsular polysaccharide (polyribosyl-ribitol-phosphate [PRP]) conjugated to inactivated tetanus toxoid (PRP-T). Hiberix is licensed for use as the booster (final) dose of the Hib vaccine series for children aged 15 months through 4 years (before the 5th birthday) who have received previously the primary series of Hib vaccination (consisting of 2 or 3 doses, depending on the formulation)<sup>(1)</sup>. The Advisory Committee on Immunization Practices (ACIP) recommends Hib booster vaccination for children at ages 12 through 15 months; however, because of the recent shortage of Hib vaccines, many children have deferred the booster dose and therefore require catch-up vaccination<sup>(2)</sup>.

This report summarizes the indications for Hiberix use and provides guidance on Hib booster dose administration based on increasing vaccine supplies. Vaccination recommendations in this report update the previous advisory on Hib booster administration (June 26, 2009)<sup>(2)</sup>, which advised that children with deferred booster doses receive it at the next regularly scheduled visit. Vaccination providers are now recommended to begin recall of children in need of the booster dose when feasible and monovalent Hib vaccine supply in the office is adequate.

### Indications and Guidance for Use

Hiberix is licensed for use as the booster (final) dose for Hib vaccination for children aged 15 months through 4 years (before the 5th birthday) who have received a primary Hib vaccination series of 2 or 3 doses (depending on the formulation of the primary series vaccines). ACIP recommends Hib booster dosing at ages 12 through 15 months<sup>(1)</sup>. To facilitate timely booster vaccination, Hiberix and other Hib conjugate vaccines can be administered as early as age 12 months, in accordance with Hib vaccination schedules for routine and catch-up immunization<sup>(5)</sup>. Hiberix is not licensed for the primary Hib vaccination series; however, if Hiberix is administered inadvertently during the primary vaccination series, the dose should be counted as a valid PRP-T dose that does not need to be repeated if it was administered according to schedule<sup>(5)</sup>. In these children, a total of 3 doses will complete the routine primary series.

Children aged 12 months through 4 years (before the fifth birthday) who did not receive a booster because of the recent shortage of Hib vaccines should receive a booster with any of the available Hib-containing vaccines at the earliest opportunity<sup>(2)</sup>. With licensure of Hiberix and anticipated distribution, the increased supply of Hib-containing vaccines will be sufficient to support a provider-initiated notification process to contact all children whose Hib booster dose had been deferred. When feasible and when vaccine supply in the office is sufficient, vaccination providers should review electronic or paper medical records or immunization information system (e.g., registry) records to identify and recall children in need of a booster dose. If supplies are not adequate, providers should continue to follow previous recommendations to provide the booster dose at the child's next regularly scheduled visit<sup>(2)</sup>.

This recommendation reflects CDC's assessment of the existing national Hib vaccine supply and will be updated if the supply changes. Updated information about the national Hib vaccine supply is available at <http://www.cdc.gov/vaccines/vac-gen/shortages/default.htm>.

Details about the routine Hib vaccination schedule are available at <http://www.cdc.gov/vaccines/recs/schedules/default.htm#child>. Adverse events after receipt of any vaccine should be reported to the Vaccine Adverse Event Reporting System at <http://vaers.hhs.gov>.

To access the full article in web-text (HTML) format, go to:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5836a5.htm>

## Congratulations Spencer County!

Kim Hay and Lynn Varbsle, both public health nurses at Spencer County Health Department, recently received the Merck Vaccination Service Award. They were recognized for their achievements in promoting vaccinations in schools. Congratulations, Kim & Lynn!

## ISDH Lab Validating New Test for Confirmation of Pertussis

The ISDH Microbiology Laboratory is pleased to announce the ongoing validation of a polymerase chain reaction (PCR) test for the confirmation of *Bordetella pertussis*. PCR is a rapid and highly sensitive molecular diagnostic technique that allows for faster confirmation of cases and will enhance the ability of the ISDH to initiate case investigations quickly.

The B. pertussis PCR test is not FDA-approved, and results must be verified with patient history or culture to confirm a case. All PCR+ cases are investigated by the ISDH Field Epidemiologists and control measures are implemented as necessary. PCR detects both live and dead organisms and can often be used for confirmation of pertussis diagnosis long after the viability of the organism has diminished for culture.

The ISDH Microbiology Laboratory will continue to perform culture on specimens from pertussis suspects, but Direct Fluorescent Antibody (DFA) testing will be phased out. DFA is neither sensitive nor specific, and it cannot be used for confirmation of pertussis. The rapid and sensitive nature of the PCR test will provide a much improved substitute.

Providers interested in submitting specimens to the ISDH Laboratory for pertussis testing may request specimen collection kits by calling 317.921.5875 or e-mailing [containers@isdh.in.gov](mailto:containers@isdh.in.gov). Submitters must use the specimen collection kits provided by the ISDH and follow the transport guidelines, as standardization is necessary for the validation process. Submitters must follow the specimen collection instructions closely, as each kit contains two swabs and two tubes (the plastic-shaft/flocked swab is submitted in the empty tube and the wire-shaft/Dacron swab is submitted in the tube containing transport medium). Submitters will obtain two swabs from each patient (one swab per nostril). Until the validation is complete, PCR results will be reported to submitters by the Surveillance and Investigation Division (SID). To meet the needs of submitters, the SID will send an unofficial notification of unvalidated PCR results to the submitter.

The clinical case definition for pertussis includes a cough lasting for 14 days or more, along with coughing spasms (paroxysms), inspiratory whoop, and/or posttussive vomiting. Infants, partially vaccinated children, adolescents, and adults may not experience the whoop or paroxysms. Infants are more likely to experience cyanosis and apnea. Pertussis should be considered as a diagnosis in anyone meeting the clinical case definition or in anyone with a cough lasting 7 days.

The validation status of the PCR test should not impact the treatment of pertussis suspects. As is the case for any pertussis suspect, providers should not wait until laboratory results are received to prescribe appropriate treatment. Pertussis suspects should be treated based on clinical symptoms to prevent further spread of illness. Household contacts of pertussis cases also should receive antibiotic prophylaxis if asymptomatic or be tested and treated if symptoms are present. Appropriate antibiotics and prescribing information can be found in the MMWR article: "Recommended Antimicrobial Agents for the Treatment and Postexposure Prophylaxis of Pertussis," available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5414a1.htm>.

Questions about laboratory testing for pertussis should be directed to the ISDH Laboratory at 317.921.5860 (culture) or 317-921-5856 (PCR).

All suspect cases of pertussis should be reported immediately to the local health department or the ISDH Surveillance and Investigation Division at 317.233.7125.

For additional information regarding pertussis, please visit the Centers for Disease Control and Prevention's (CDC) Web site on pertussis at <http://www.cdc.gov/vaccines/vpd-vac/pertussis/default.htm>.

## Frequently Asked Questions Regarding Twinrix™

*My adult patient has hepatitis C and has already received 3 doses of hepatitis B vaccine. Should he be vaccinated against hepatitis A? Is it safe to use Twinrix™ to vaccinate him against hepatitis A?*

Yes. Your patient is at high risk for complications if he contracts hepatitis A and should receive hepatitis A vaccine. The Indiana State Department of Health currently has grant funding from the CDC for combination hepatitis A/hepatitis B vaccine (Twinrix™) for adults. This vaccine can be used for adults who are at risk for hepatitis A, hepatitis B, or both, including adults who have already started or completed a vaccine series for either hepatitis A or hepatitis B. Although your patient has already completed the vaccine series for hepatitis B vaccine, you may safely use Twinrix™ to vaccinate him against hepatitis A.

*How many doses of Twinrix™ does he need?*

Each dose of Twinrix™ contains an adult dose of hepatitis B vaccine and a pediatric dose of hepatitis A vaccine. An unvaccinated adult requires 3 doses of Twinrix™ to be fully vaccinated against BOTH hepatitis A and hepatitis B. In the previous case, the patient has already been fully vaccinated against hepatitis B. He will need 3 doses of Twinrix to receive full protection against hepatitis A.

*In the past, I was told to give 2 pediatric doses to my at risk adult patients. Can I still do this?*

No. There is currently a shortage of pediatric hepatitis B vaccine. Please do NOT give pediatric hepatitis B vaccine to adults. Through ISDH's special Twinrix™ initiative, you may use Twinrix™ to vaccinate any adult who is considered "at risk" for hepatitis B and/or hepatitis A.

*Is it safe for someone already infected with hepatitis B to receive Twinrix™?*

Yes! Giving Twinrix™ to someone already infected with hepatitis B is safe. The presence of any hepatitis infection is NOT a contraindication to receiving Twinrix™. A person with any type of hepatitis, or liver inflammation, is at high risk for serious complications if infected with hepatitis A or B virus. Please make sure your patients with hepatitis are fully vaccinated.

*If my patient has already received single antigen hepatitis B and hepatitis A vaccine, can I complete the series with Twinrix™?*

Yes. The following table will help you determine how many doses of Twinrix™ your patient needs to complete both vaccine series.

<i>Number of previously administered valid vaccine doses*</i>	<i>Doses of Twinrix™ required to complete both series</i>
1 Hep A and 1 Hep B	2
1 Hep A and 2 Hep B	2
2 Hep A and 1 Hep B	2
2 Hep A and 2 Hep B	1
2 Hep A and 3 Hep B	0

\*If a patient has received zero (0) Hepatitis A doses, they need three (3) Twinrix™ doses regardless of the number of Hepatitis B doses they have received. If a patient has received zero (0) Hepatitis B doses, they need three (3) Twinrix™ doses regardless of the number of Hepatitis A doses they have received.

For question about using Twinrix™, please contact Alex ThurdeKoos at [althurdekoos@isdh.in.gov](mailto:althurdekoos@isdh.in.gov).

To Unsubscribe from the VacZine, please reply to this message with Unsubscribe in the subject line.

VacZine Editor:

April Bailey  
[abailey@isdh.in.gov](mailto:abailey@isdh.in.gov)  
317-233-6923

#### Categories of VacZine Messages:

A **VacZine Alert** conveys the highest level of importance; warrants immediate action or attention.

A **VacZine Advisory** provides important information for a specific incident or situation; may not require immediate action.

A **VacZine Update** provides updated information regarding an incident or situation; unlikely to require immediate action.

The **VacZine** traditional newsletter; distributed every other week with new information and educational articles.

---

## Ask Dr. Duwve!

*If a parent does not sign the FERPA "Release of Information to CHIRP", does this mean they have been "Opted Out" of CHIRP?*

Parents of school children who do not sign the FERPA "Release of Information to CHIRP" form are not "opting out" of CHIRP. They are merely denying permission for the school nurse to enter the child's information into the registry. That child's physician, however, may have entered immunization information into the registry during an office visit. No permission is required for this.

Opting out of the registry is a formal process that can only be completed at the state level. School nurses should not be asking parents if they would like to "Opt out", but should only be requesting permission through FERPA to enter a child's information into the registry.

*If a person is "Opted Out" of CHIRP, will they still be able to receive the novel H1N1 vaccine?*

Yes. The Indiana Immunization Program strives to eliminate vaccine preventable diseases by maintaining high rates of immunization in the population. We have worked diligently to reduce barriers to vaccination in our state. No child will be refused immunization services because he/she is not participating in CHIRP.

*Will children be REQUIRED to have an H1N1 flu shot to stay in school?*

No. All flu vaccine is voluntary in the state of Indiana, and not required for school attendance. The Indiana State Department of Health strongly encourages parents to vaccinate their children against both seasonal flu and 2009 H1N1 influenza A. Both flu vaccines are safe and effective. Flu vaccine prevents illness, school absence, hospitalization, and complications from influenza including death.

*The new polio vaccine recommendations address vaccine given prior to 4 years of age, with a booster after 4 yrs. If a child begins the polio series after age 4, and receives all IPV vaccine, is the child still adequately immunized after 3 doses?*

Yes, but the second dose needs to be separated from the last dose by at least 6 months.

---

## List Your Clinic on the Flu Clinic Locator

The American Lung Association is participating in their fourth year of a major educational partnership with sanofi pasteur to raise awareness of the importance of influenza vaccination. Visit [www.facesofinfluenza.org](http://www.facesofinfluenza.org) to learn more about this vital campaign.

The Flu Clinic Locator web site ([www.flucliniclocator.org](http://www.flucliniclocator.org)) will continue to be an important component of our public health efforts. If you would like to add your public clinics to this site, [click here to download our agreement \(in Word\)](#) and fax the signed form to 212/608-3219.

Please make sure that you completely fill out all sections of the agreement, otherwise you may be asked to fax it in again with the missing information. Additionally, once you fax your agreement please email [flucliniclocator@lungusa.org](mailto:flucliniclocator@lungusa.org) with the name and email address of the person who will be adding clinics. That information is needed in order to provide a username and password. For questions regarding this program, please email [flucliniclocator@lungusa.org](mailto:flucliniclocator@lungusa.org).

---